FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

CAMPAIGN DISCLOSURE BD

2014 APR 17 AM 9: 16

COMMITTEE NAME (Must be same as on Statement of Organization)			
Michael Die	FOR	M	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  (4) County Central Committee (5) County Central Committee (6) County Central Committee (15) County Central Committee (15) County Central County Central County Central Cent	DR (Rev. 1	<b>-2</b> 2/2009)	DISCLOSURE REPORT
11) Local Ballot Issue	( For Office	ce Use Only	
CANDIDATE COMMITTEES ONLY: Candidate Name		# 1426	
Political Party (if applicable)			
Office Sought	Compute	er	
District (if Senate or House)	Audited		
Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A candidate's committee, and the chairperson, for any other type of committee, is the individual responsible	7) and 68A.401(3)	3), the candi	date, for a
SIGNATURE OF PERSON FILING REPORT  (319) 334-1043 7  TELEPHONE			)/2/
TELEPHONE	10/	DATE SIG	NED
I AM FILING A			
I AM FILING A REPORT FOR (1) ELECTION (report date)	(2)NON-ELECT	ION YEAR	
CHECK IF AMENDMENT TO REPORT DATED			
	ocal Committees,	enter Date o	f Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  (You must continue to file reports until a DR-3 is filed.)			
to moreports until a DR-3 is filed )	ounty & Local Cor hich Election is he	mmittees, en eld	ter County in
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STATEMENT OF CASH ON HAND	Buchan	an	
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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
<b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
Margaret .	hael D	Lenius		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
14/15/14	ID#  ©K#  2/3/ ID#	State of Iona Tonce Ethics & Campo Disclosure Board	Campaign Fund	\$ 74.75
	CK#	Des Moines, IA		
	ID# CK#	3031		
	ID# CK#			
	ID#			
	CK#			
	CK#			
	ID# CK#			
	ID#			
	CK#			
			SUB-TOTAL  TOTAL (if last page of this schedule)	\$
FILIO DOV 155	IES TO CAMPIDAT		, and a schedule)	P4.77

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

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